

EXEMP

22ND JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. TAMMANY

STATE OF LOUISIANA

NO: 2015-13027

DIVISION: A

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,
OFFICE OF COMMUNITY DEVELOPMENT,
DISASTER RECOVERY UNIT -
HAZARD MITIGATION GRANT PROGRAM

FILED

JUL 23 2015

VS.

GENEVA SYLVAS

MALISE PRIETO - CLERK
Deputy *S. Addie H. H. H.*

PETITION FOR DECLARATORY JUDGMENT AND FOR
JUDGMENT TO RECOVER HAZARD MITIGATION
GRANT PROGRAM FUNDS

NOW INTO COURT, through undersigned counsel, comes Petitioner, the State of Louisiana, Office of Community Development, Disaster Recovery Unit - Hazard Mitigation Grant Program (hereinafter "HMGP"), which respectfully files this Petition for Declaratory Judgment and for Judgment to Recover Hazard Mitigation Grant Program Funds. In support, HMGP respectfully represents:

1.

The Defendant in this case is Geneva Sylvas, a major domiciliary of St. Tammany Parish, who voluntarily participated in HMGP to mitigate her home after Hurricane Katrina.

2.

HMGP is a mitigation program funded by FEMA and is administered by the State of Louisiana, the grantee. HMGP assists homeowners whose homes were damaged as a result of Hurricanes Katrina and Rita. It also helps homeowners in coastal Louisiana protect their homes from damage, which may occur in future natural disasters, by elevating their homes, reconstructing safer structures, or installing individual mitigation measures. The State of Louisiana serves as the funding vehicle by which FEMA funds are awarded to eligible homeowners.

3.

Defendant executed a Voluntary Participation Agreement (hereinafter "VPA") on October 15, 2010, to participate in HMGP and to receive an HMGP grant. Defendant also agreed to comply with all HMGP guidelines, which includes using HMGP funds for their intended purpose. *Exhibit A.*

2015 JUL 23 P 12:58
MALISE PRIETO
CLERK OF COURT
STATE OF LOUISIANA
FILED FOR RECORD
ST. TAMMANY PARISH

4.

FEMA Grant Funds in the amount of \$7,500.00 (hereinafter "FEMA Grant Funds") were paid to Defendant by HMGP on or about January 11, 2011 for the specific purpose of Individual Mitigation Measures (hereinafter "IMM") at her home located at 2304 8th Street, Slidell, LA 70458. *Exhibit B.*

5.

Photographs dated March 17, 2015 show that although the FEMA Grant Funds were received, Defendant's home was not mitigated. *Exhibit C (in globo).*

6.

Three (3) separate collection letters were mailed to Defendant at 2304 8th Street, Slidell, LA 70458, which was the address submitted by her when she applied for the HMGP grant. The first letter dated February 27, 2014 informed Defendant that the FEMA Grant Funds had to be returned to the State of Louisiana. *Exhibit D (in globo).*

7.

The second letter dated January 31, 2015 was sent Certified Mail 7014 2120 0000 5792 4952. Said letter was marked "Unclaimed" and returned to HMGP. *Exhibit E (in globo).*

8.

The third letter dated April 13, 2015 was mailed. *Exhibit F (in globo).*

9.

Defendant has failed to respond to the letters and has failed to return the funds to the State.

10.

Defendant's failure to return the FEMA Grant Funds has resulted in Defendant owing to HMGP the FEMA Grant Funds, which must be recovered by HMGP, the State program charged with distributing FEMA funds for mitigation projects.

11.

HMGP must account to FEMA for all funds issued to homeowners. Failure of HMGP to recover the FEMA Grant Funds from Defendant will result in reimbursement to FEMA being required by the State of Louisiana.

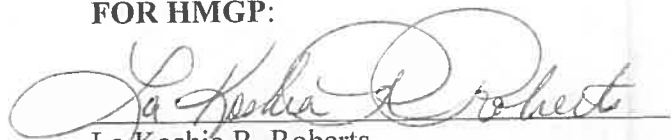
HMGP requests that the debt of \$7,500.00, owed by Geneva Sylvas to HMGP, be recognized and that judgment in favor of HMGP be granted, directing Defendant to return and pay the FEMA Grant Funds to the State, in full.

ALL PREMISES CONSIDERED, WHEREFORE, HMGP PRAYS:

- a. That this Honorable Court declare that Defendant, Geneva Sylvas, is non-compliant with the Voluntary Participation Agreement signed by her;
- b. That this Honorable Court declare that Defendant, Geneva Sylvas, is indebted to HMGP in the amount of \$7,500.00 because of her failure to mitigate her home according to her agreement to abide by HMGP guidelines, including using HMGP funds for their intended purpose;
- c. That Defendant, Geneva Sylvas, be ordered to return the \$7,500.00 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendant, Geneva Sylvas, in the full sum of \$7,500.00;
- e. That Defendant, Geneva Sylvas, be assessed all costs and fees associated with this matter; and
- f. That the Court grant such other relief as is just and proper.

Respectfully submitted:

FOR HMGP:



LaKoshia R. Roberts
 Bar Roll No. 26715
 State of Louisiana, through
 its Division of Administration
 2021 Lakeshore Drive, Suite 100
 New Orleans, Louisiana 70122
 Telephone: (504) 284-4022
 Facsimile: (504) 284-4091
 LaKoshia.Roberts@la.gov

**PUBLIC ENTITY/FEE EXEMPT
 (La.R.S. 13:4521 and 13:5112)**

T. Randolph Richardson (Special Counsel)
 Bar Roll No. 11245
 Law Office of T. Randolph Richardson
 1010 Common Street, Suite 3000
 New Orleans, LA 70112
 Phone: 504-212-4163
 Fax: 504-581-7083
 Email: trichar994@aol.com

EXEMP 1

22TH JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. TAMMANY

STATE OF LOUISIANA

NO: 2015-13027

DIVISION: A

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,
OFFICE OF COMMUNITY DEVELOPMENT,
DISASTER RECOVERY UNIT -
HAZARD MITIGATION GRANT PROGRAM

FILED

JUL 23 2015

VS.

GENEVA SYLVAS

MALISE PRIETO - CLERK
Deputy S/Adm. Mordani


VERIFICATION

CONSIDERING THE FOREGOING PETITION FOR RECOVERY OF HAZARD
MITIGATION GRANT PROGRAM FUNDS:

I, CRAIG P. TAFFARO, JR., Director of the State of Louisiana's Hazard Mitigation
Grant Program, declare under penalty of perjury that the representations made in the foregoing
Petition are true and correct to the best of my knowledge, belief and understanding.

THUS DONE ON THIS 22nd DAY OF July 2015 IN NEW ORLEANS,
Orleans Parish, LOUISIANA.


Craig P. Taffaro, Jr.


La Koshia Reconda Roberts
Notary Public
Bar Roll No. 26715
My Commission expires at death.

PLEASE SERVE:

GENEVA SYLVAS
2304 8th STREET
SLIDELL, LOUISIANA 70458

MALISE PRIETO
CLERK OF COURT

2015 JUL 23 P 12:58

ST. TAMMANY PARISH
STATE OF LOUISIANA
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2015-13027 A

FILED

JUL 23 2015

MALISE PRIETO-CLERK
Deputy *S/Addie Hoxellani*

Office of Community Development Disaster Recovery Unit (OCD-DRU)
HAZARD MITIGATION GRANT PROGRAM (HMGP)

VOLUNTARY PARTICIPATION AGREEMENT (VPA)

Complete and return this form by mail to:

OCD-DRU HMGP
P. O. Box 5098
Baton Rouge, LA 70821-5098

DLH 09344

SECTION 1: MITIGATION ELECTION (check one)

☐ I/WE am/are NOT interested in participating in the OCD-DRU Hazard Mitigation Grant Program (HMGP).

☐ I/WE have sold the home that was damaged during the storm and therefore will not be eligible to participate in the program.

IF YOU CHECKED EITHER OF THE ABOVE: SIGN BELOW AND RETURN THIS FORM, OTHERWISE CONTINUE.

Applicant or Co-Applicant NAME

Applicant or Co-Applicant SIGNATURE

Date

Applicant or Co-Applicant NAME

Applicant or Co-Applicant SIGNATURE

Date

Home Phone: () -

Cell Phone: () -

Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO If signing as agent with Power of Attorney:

Agent NAME (person with POA)

Agent SIGNATURE

Date

☒ I/WE AM/ARE INTERESTED IN RECEIVING AN OCD-DRU HMGP AWARD. IF YOU CHECK THIS BOX, YOU NEED TO MEET ALL CRITERIA IN SECTION 2.

SECTION 2: I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING PROGRAM (S):

Pilot Reconstruction

Elevation

✓ Individual Mitigation Measures (IMM)

SECTION 3: PROGRAM ELIGIBILITY

1. The status of mitigation work to my home is: (Select the one answer that most closely fits your situation)
As of March 16, 2008, I had completed my mitigation activity of my home to meet the latest elevation standards in my community.

As of March 16, 2008, I had started—but not completed—the mitigation activity of my home to meet the latest elevation standards in my community.

2. My home was initially constructed: (mark all that apply)
I expect to start my mitigation activity in: 3 Months; 4-6 Months; 7-9 Months; 10-12 Months

Equal to or greater than 50 years ago

My damaged home from the time of the storm has been demolished or cleared.

Don't know

For official use only.



9 11 8 7 6 5 4 13 2 1 0 9 1 1 8 9 1 1 8 7 6 5 4 13 2 1 0 9 1 1 8

VPA 06_21_2010

ST. TAMMANY PARISH
STATE OF LOUISIANA
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MALISE PRIETO
CLERK OF COURT

EXHIBIT

A

15919985

A homeowner must meet ALL of the following criteria to be considered for the OCD-DRU HMGP Award:

- Applicant is eligible for Road Home Program benefits as part of the Homeowner Assistance Program.
- Homeowner selected Road Home Option 1 – "Keep Our Home."
(NOTE: Even if a homeowner received a zero award letter from Road Home, that homeowner may still be eligible for money through the OCD-DRU HMGP.)
- Homeowner still owns the home that was eligible for Road Home benefits or has acquired the home along with an assignment of Road Home rights. (NOTE: Assignment of Rights is only applicable to Elevation or IMM activities.)
- The structure is located in a FEMA designated ABFE area or the mitigation activity is deemed cost beneficial according to FEMA guidelines.
- Homeowner agrees to comply with all HMGP guidelines as set forth by FEMA, GPHSEP and OCD.

SECTION 4: VPA STATEMENT OF COMPLIANCE

This Agreement of Voluntary Participation is made on 10-15-2010 (date). I/We am/are the owner of the following property, eligible for Road Home assistance and damaged by hurricane Katrina and/or Rita at the following municipal address:

2304 8th St Shreveport St Tammy 70468 (the "Property").
Street City Parish ZIP

I/We currently plan to participate in the OCD-DRU HMGP Program. I/We understand the following concerning participation in OCD-DRU HMGP Program:

- The program is voluntary in nature;
- I/We are under no obligation to participate;
- I/We may drop out of the program at any time before receiving an award;
- The program reimburses cost of mitigation measures, homeowner must complete measures in accordance with program guidelines and request reimbursement from OCD-DRU's HMGP;
- Due to limited funding, IMM will be serviced on a "first come, first serve" basis until all funding is exhausted.

I/We understand that before cost will be reimbursed that an OCD-DRU HMGP Covenant must be signed, which requires the property owner to obtain and maintain flood insurance. The OCD-DRU HMGP will be recorded with Conveyance Records in the parish where the property is located.

I/We understand that property inspections are required for processing through the OCD-DRU HMGP and grant the program permission to take the necessary photos of my structure.

- Property owner has been notified that the following policy, listed in the June 2005 Pilot Reconstruction Guidance Section 2.3.7, has been rescinded by FEMA effective December 11, 2008: "Pilot Reconstruction activities must result only in an approximation of the original square footage of the structure, and that the square footage of the resulting structure shall be no more than 10 percent greater than that of the original structure."
- Property owner has been notified that the maximum award amount is \$100,000, less duplication of benefits.
- Information is understood.

Applicant or Co-Applicant NAME

Applicant or Co-Applicant SIGNATURE

Date

Applicant or Co-Applicant NAME

Applicant or Co-Applicant SIGNATURE

Date

Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO If signing as agent with Power of Attorney:

Agent NAME (person with POA)

Agent SIGNATURE

Date



VPA 06.21.2010

Office of Statewide Reporting and Accounting Policy

NFOlouisiana #

Logoff

Payee Locations

Payee Search

Payments

Help

Vendor Search Home

About Us

Other Useful Links

Account Information

Forms

Special Reports

Business and Procurement Manual

OSRAP Issues

Supplemental Reports

Vendor Training Manual

Payee Detail

Sort the information below by clicking on the column headers. Click on the agency number below for contact information.

Payee Remittance Address:

2304 8TH ST
SLIDELL, LA 70458

Check/EFT Number: AD 00003929247
Check/EFT Date: 01/11/2011
Status Change Date: //
Status: Outstanding

Check/EFT Line Details:
(click on agency for contact information)

Check/EFT Total: 7,500.00

Total Number of Lines : 1

Agency	Document ID	Ref Doc ID	Invoice #	Comments	Line Amount
10*	PVO09044073		HMG300004873	DSH4093048	7,500.00

ISIS Calendar (CY)

Help Desk

GASB 34 and 35

Search OSRAP

Contacts

2015-13027 A

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JUL 23 2015

MALISE PRIETO-CLERK
Deputy *S/ Addie Trexler*MALISE PRIETO
CLERK OF COURT

2015 JUL 23 P 12:58

ST. TAMMANY PARISH
STATE OF LOUISIANA
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EXHIBIT

B

2015-13027 A

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MALISE PRIETO-CLERK
Deputy *S/ Addie Houston*

OCD DRU HMGP
HMM FINAL INSPECTION CHECKLIST

APPLICANT ID *8244 093044*

DAMAGED PROPERTY ADDRESS *4304 3TH ST* *54.0511* *70.458*

DAMAGED PROPERTY COORDINATES LATITUDE LONGITUDE

Home Occupied: Yes ☒ No ☐

Windows - Count the number of window products and itemize by product type below:

Product	Accordian	Bertha	Colonial	Roll-Down	Panel	Screen	Other

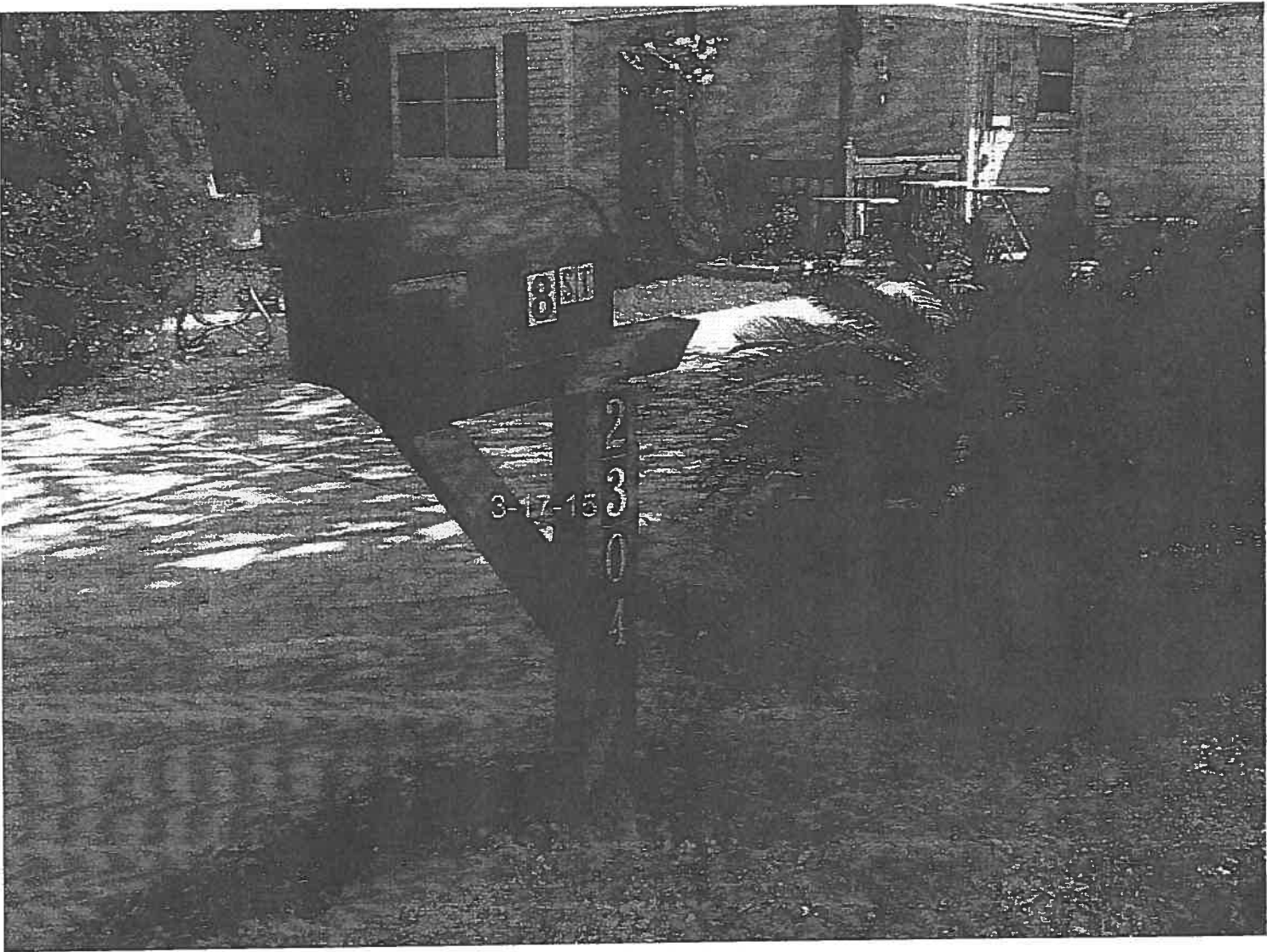
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P 1:02

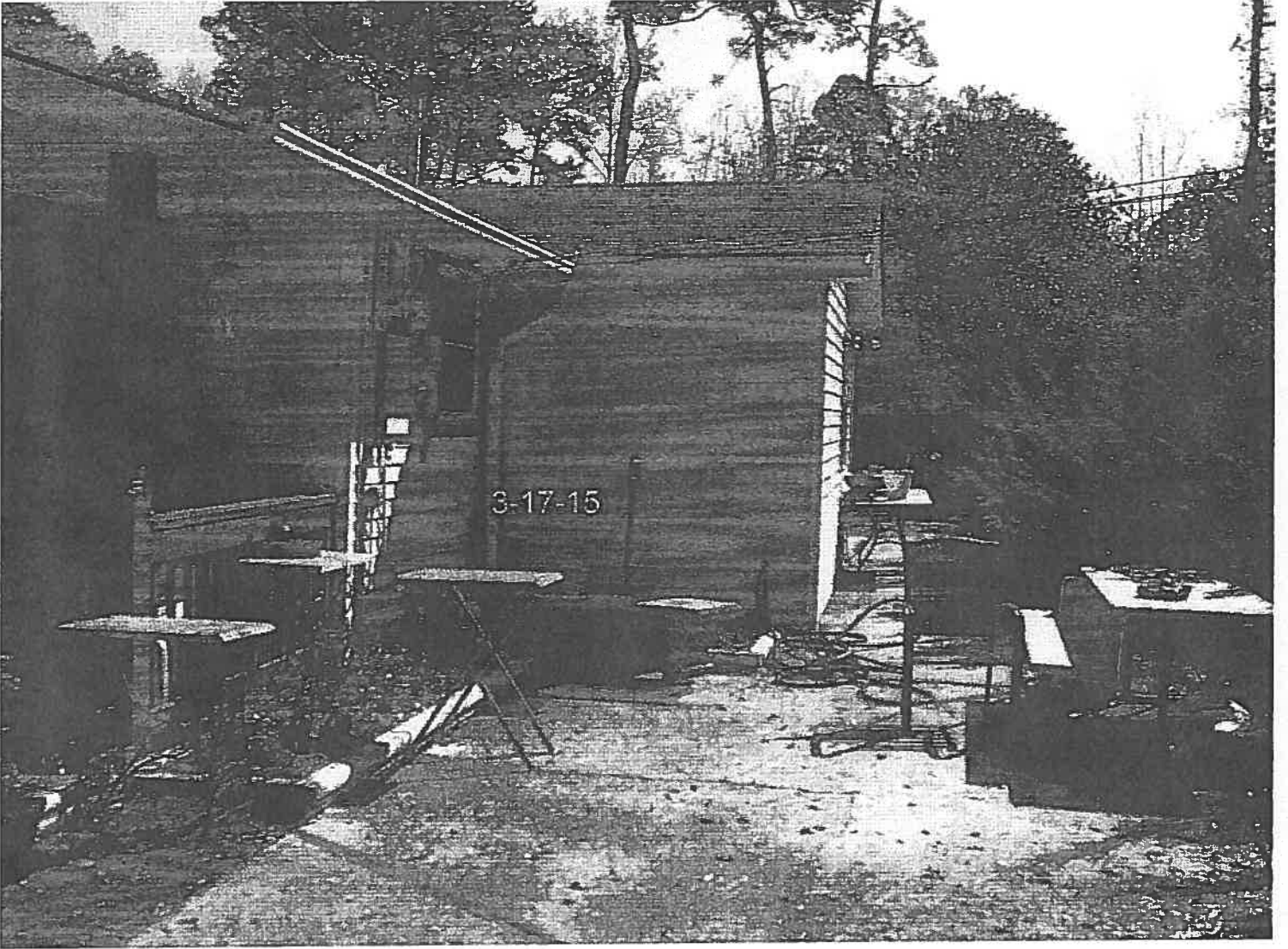
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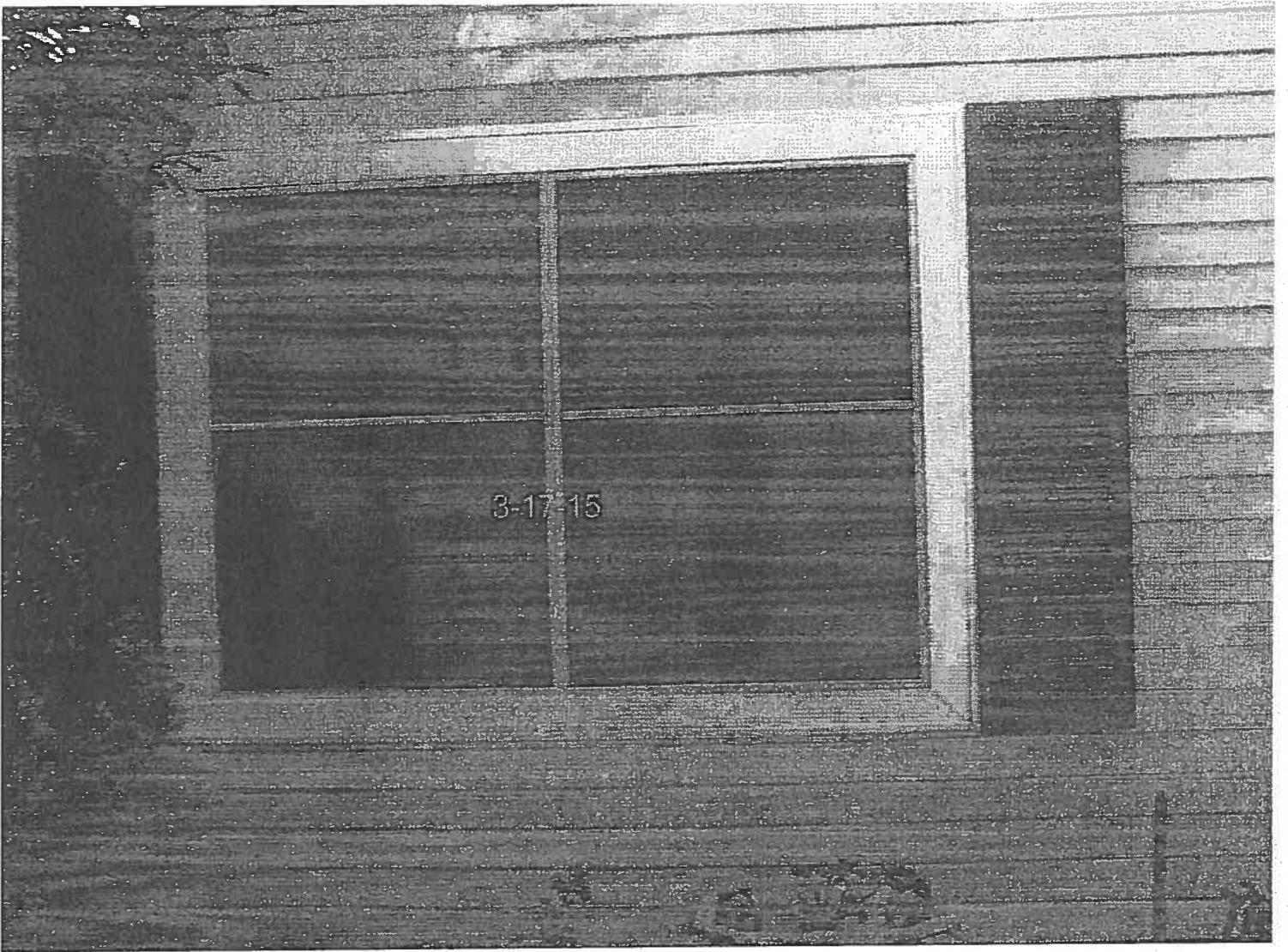
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3-17-15

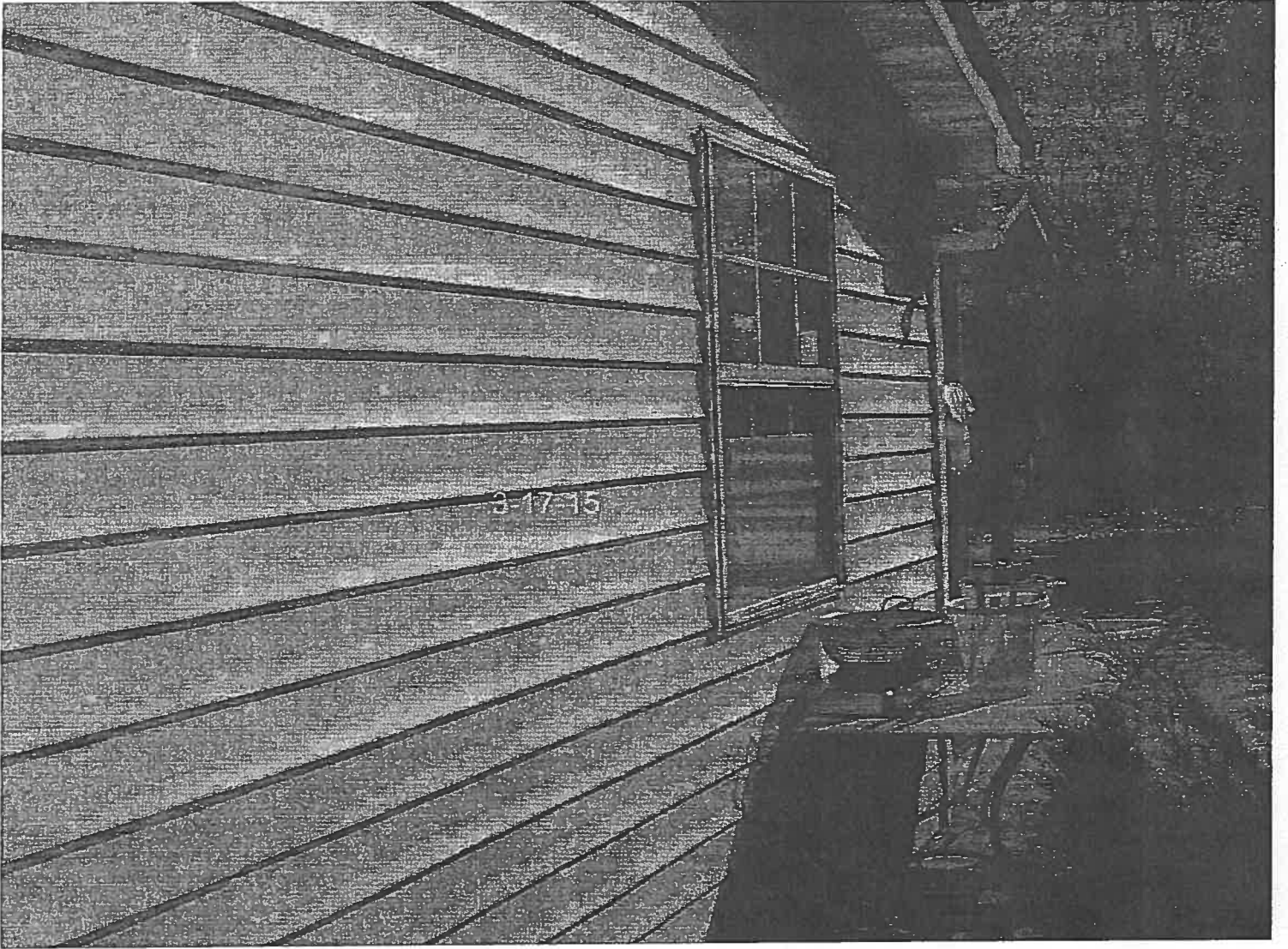


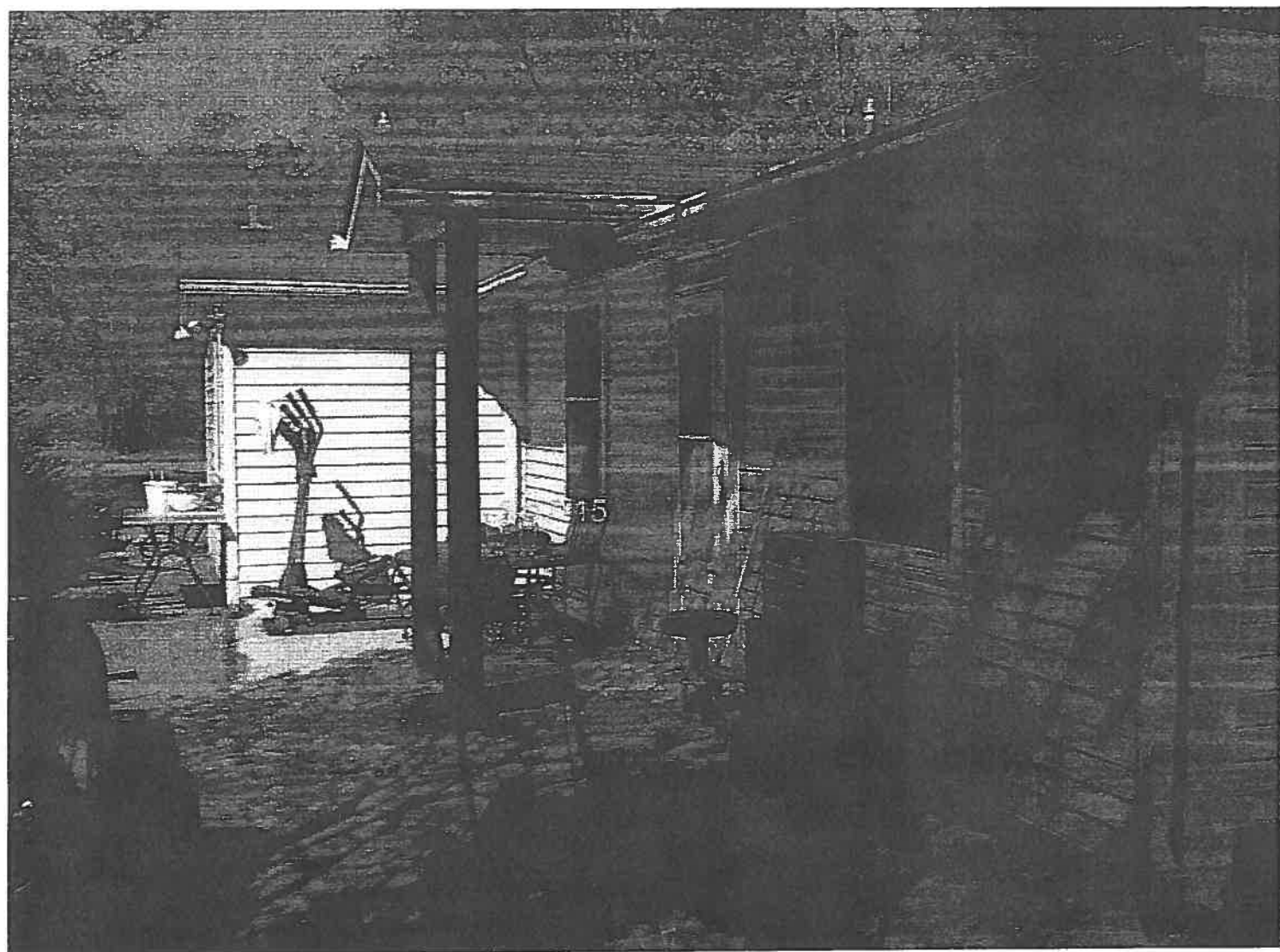


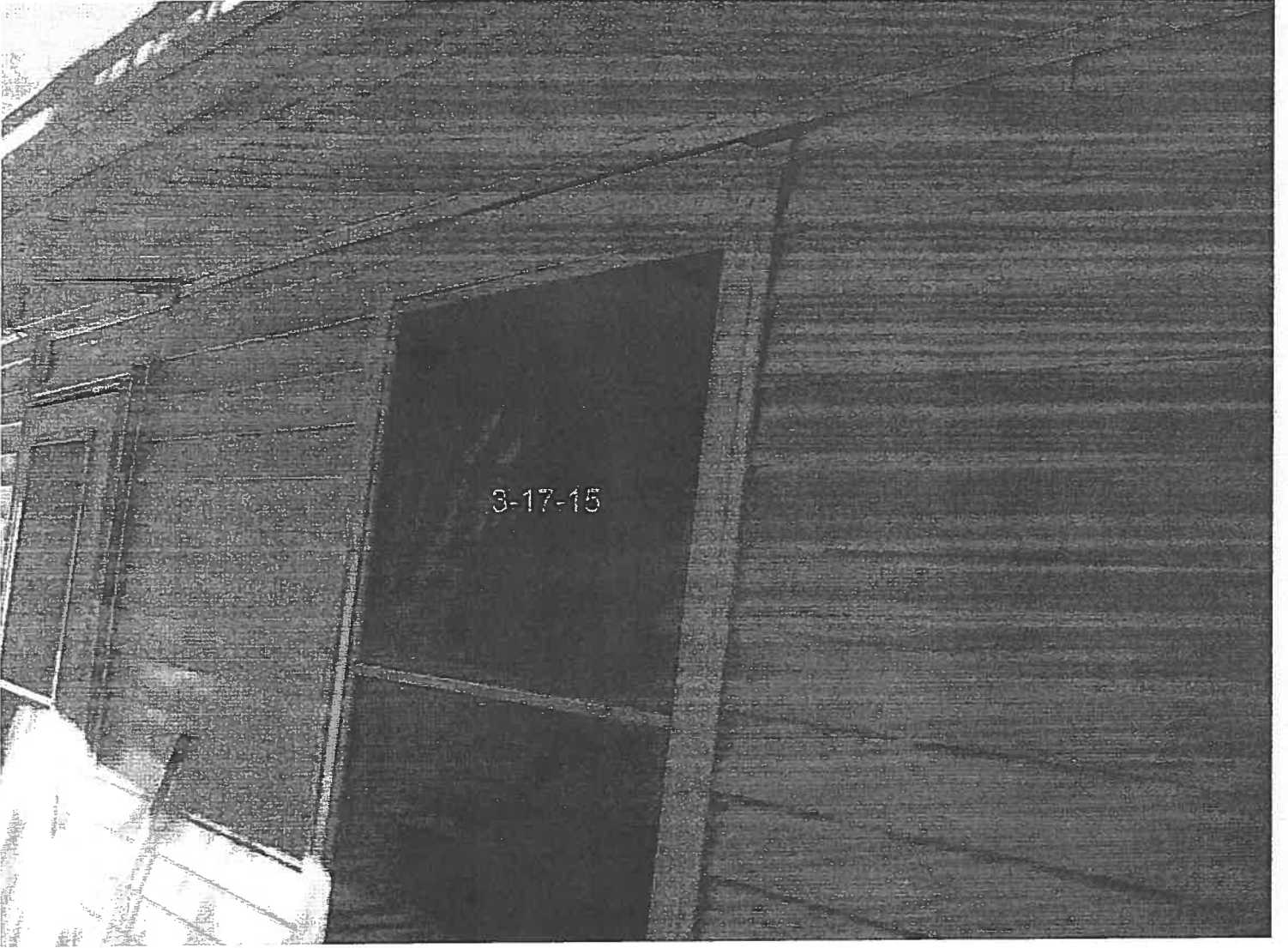
3-17-15

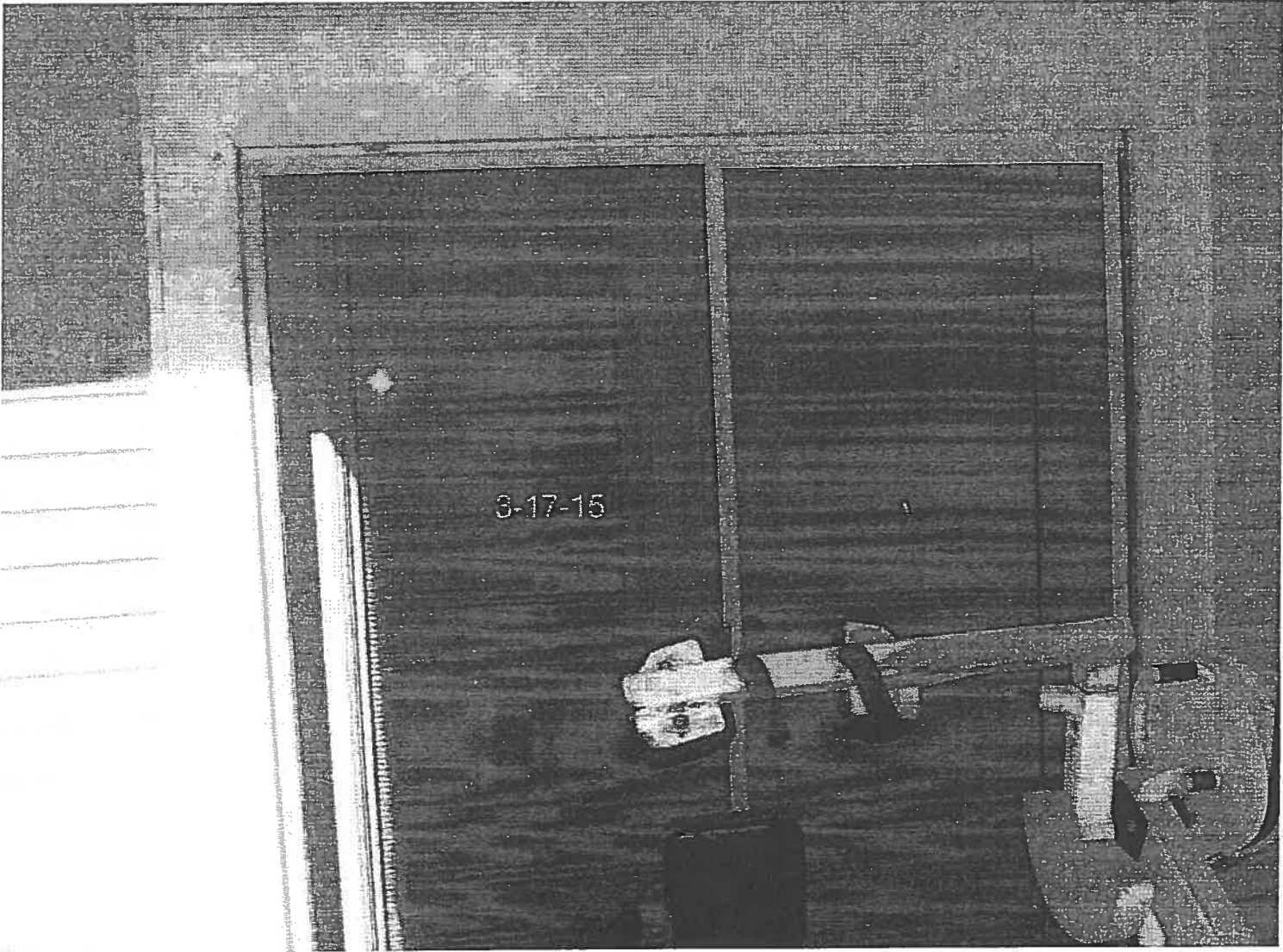






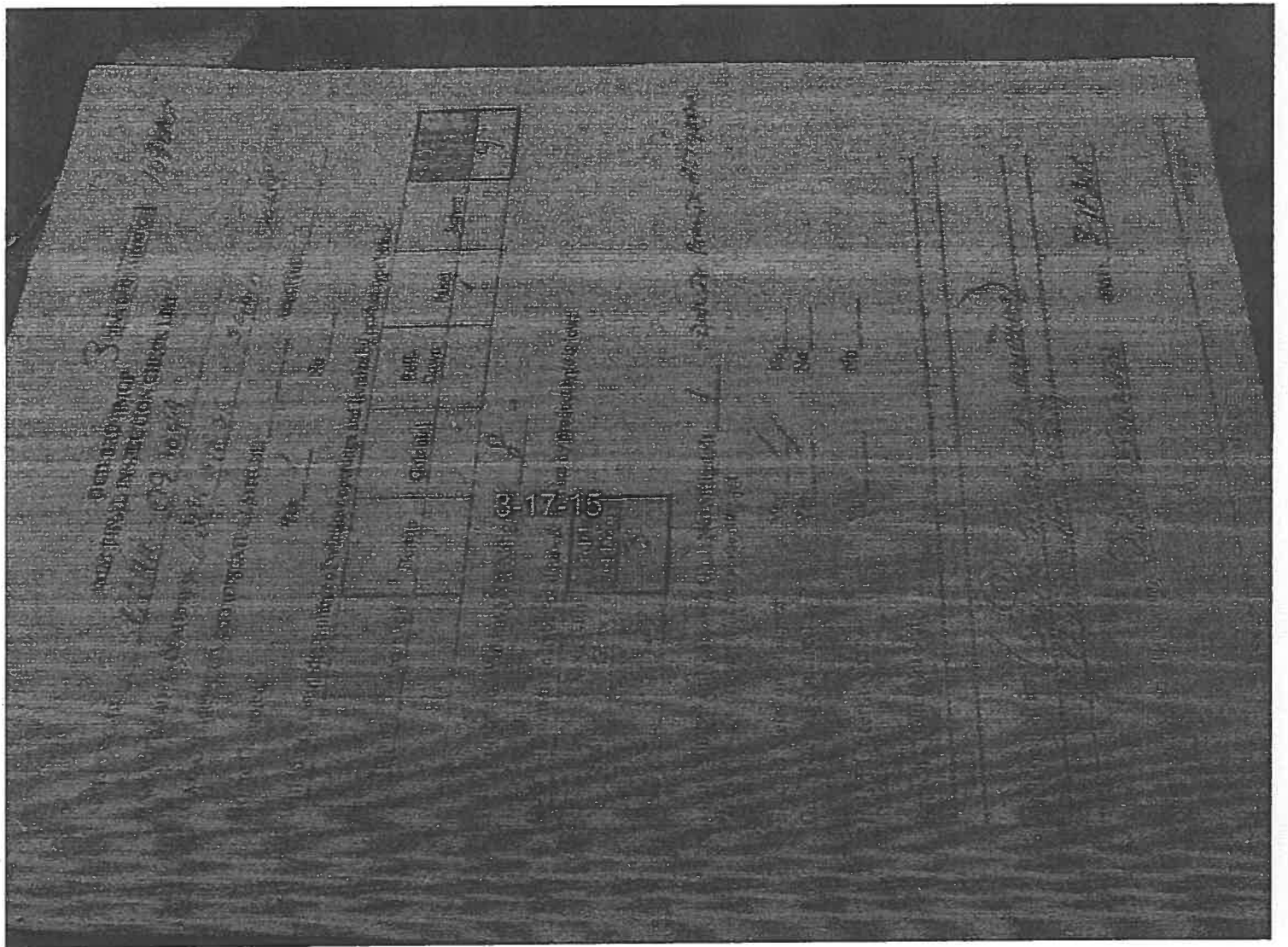






3-17-15







State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

2/27/2014

2015-13027-A 06HH093049

GENEVA SYLVAS
2304 8th. Street
Slidell, LA 70458

FILED

JUL 23 2015

SUBJECT: Verification of Mitigation Grant Funds
2304 8TH STREET SLIDELL, LA 70458

MALISE PRIETO-CLERK
Deputy *Staddie Stoddard*

Dear GENEVA SYLVAS:

A review has been completed on your Hazard Mitigation grant file in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

Our review has determined that the following apply to your IMM grant(s):

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$0.00	Elevation Grant	\$0.00
Individual Mitigation Measures (IMM)	\$7,500.00	Individual Mitigation Measures (IMM)	\$7,500.00
Reconstruction Grant	\$0.00	Reconstruction Grant	\$0.00
Total HMGP Funds Received	\$7,500.00	Total Hazard Mitigation Benefit	\$7,500.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH093049 is \$7,500.00.

2015 JUL 23 P 1:02
MALISE PRIETO
CLERK OF COURT
ST. TAMMANY PARISH
STATE OF LOUISIANA
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Please understand that the State of Louisiana remains committed to ensuring that your application was processed in an accurate and fair manner, and in accordance with all governing laws, rules, and policies. We have assigned Sayre Phinney, a case manager in our office, to work with you in connection with this request for input. If you believe that the reason(s) stated above for the change of your grant amount is wrong, we need you to provide information for our consideration that shows the above finding is incorrect. Please return ATTACHMENT 1 (page 3 of this letter) with all supporting documentation to OCD for a final review.

Your response must be postmarked within fifteen (15) days of the date at the top of this notification letter. If you have additional questions regarding this letter, please call (504) 284-4034 or send email to sayre.phinney@LA.gov for assistance.

If you agree with the finding that an overpayment has occurred, you can return the funds as provided in Attachment 1. If you are unable to provide a full payment at this time, please contact your case manager for further instructions.

We appreciate your assistance in connection with this request. Failure to respond will be interpreted as your confirmation of this calculation and determination, and may result in additional collection activities.

Sincerely,

Office of Community Development - HMGP

Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT, DISASTER RECOVERY UNIT HMGP ON OR BEFORE 3/14/2014.

Road Home ID: 06HH093049

Applicant Name: GENEVA SYLVAS

Co-Applicant Name:

Address: 2304 8TH STREET SLIDELL, LA 70458

Case Manager: Sayre Phinney

Please select **one** (1) option below. This form must be returned within fifteen (15) days of the date on this letter.

- ☐ I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit HMGP. I have enclosed my certified check, made payable to "Louisiana Division of Administration - HMGP", in the amount of \$7,500.00 mailed to:

Division of Administration
Office of Community Development
Hazard Mitigation Grant Program
2021 Lakeshore Drive, Ste. 100
New Orleans, LA 70122

- ☐ I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please review my proposed repayment plan which is attached.

- ☐ I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

PRINTED NAME: _____

Date _____

SIGNATURE: _____

- ☐ I am not the primary applicant for this case. If checked, please state your relationship:



State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

1/31/2015

GENEVA SYLVAS
2304 8TH STREET
SLIDELL, LA 70458

Road Home ID: 06HH093049

SUBJECT: Final HMGP Collection Attempt

Dear GENEVA SYLVAS:

The Hazard Mitigation Grant Program has previously informed you of the need to reconcile the grant funds that were disbursed to you for your specific mitigation activity. The Program has previously sent you correspondence regarding the need to reconcile these funds. Because you have not responded, either through the return of grant funds or by providing satisfactory proof of completion of the funded mitigation activity, you are hereby notified that the Hazard Mitigation Grant Program is required to pursue collection of all funds.

You should be aware that the Hazard Mitigation Grant Program will use all available resources to recoup the grant funds disbursed to you including, but not limited to, collection agency services, wage garnishments, civil action, and income tax return liens.

This is the last correspondence you will receive from the Program in an attempt to collect these funds. If you fail to return the \$7,500.00 owed to the State within five (5) calendar days your file will then be referred to the appropriate agencies for collection efforts as well as review for potential criminal violations. All future correspondence will be directly from the appropriate collection agency. A table has been attached describing the grant funds received and the related activity for those funds.

You may stop the above actions by immediately contacting the Hazard Mitigation Grant Program at (504) 284-4067 to make acceptable repayment arrangements. Once your file has been referred for collection your ability to reconcile the funds directly with the Program will end.

Respectfully,

Craig P. Taffaro, Jr.
Director, Hazard Mitigation Grant Program
and Recovery Coordination

Enclosure

OCD-DRU HMGP is a federally-funded program. Providing false or misleading information in an attempt to fraudulently obtain HMGP funds is a federal violation and will be prosecuted to the full extent of the law. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Because the HMGP program is a federally funded program, applicants are subject to Title 18, Section 1001 of the U.S. Code.

The Office of Community Development Disaster Recovery Unit does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance should contact a Call Center Specialist, at (877) 824-8312 at least five business days prior to any scheduled meeting. The TDD number for the hearing impaired is 225-330-0846. Additional information regarding the use of the Louisiana Relay service can be found at the following link: http://www.hamiltonrelay.com/states/la_howto.htm.

AN EQUAL OPPORTUNITY EMPLOYER

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MAR 10 2015

JUL 23 2015

MALISE PRIETO-CLERK
Deputy S/ Addie Jordan

MALISE PRIETO
CLERK OF COURT

JUL 23 P 1:02

J. TAMMANY PARISH
STATE OF LOUISIANA
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EXHIBIT

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State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

Our review has determined that the following apply to your IMM grant(s) because **the applicant provided insufficient proof of payment, performed insufficient mitigation and provided no flood insurance:**

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$ 0.00	Elevation Grant	\$ 0.00
Individual Mitigation Measures (IMM)	\$7,500.00	Individual Mitigation Measures (IMM)	\$7,500.00
Reconstruction Grant	\$ 0.00	Reconstruction Grant	\$ 0.00
Total HMGP Funds Received	\$7,500.00	Total Hazard Mitigation Benefit	\$7,500.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH093049 is \$7,500.00.

Payment should be delivered to the following address:

State of Louisiana
Hazard Mitigation Grant Program
2021 Lakeshore Drive, Suite 100
New Orleans, La. 70122

ANY DELIVERY INSTRUCTIONS MUST BE PRINTED ON THE FRONT OF THE MAILPIECE. DO NOT WRITE OR STAMP ON THE BACK OF THE MAILPIECE.

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Geneva Syllas
2304 8th Street
Slide, LA 70458

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

B. Received by (Printed Name)

☐ Address

C. Date of Delivery

D. Is delivery address different from Item 1? If YES, enter delivery address below:

☐ Yes
☐ No

3. Service Type:

- ☒ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7014 2120 0000 5792 4952

PS Form 3811, July 2013

Domestic Return Receipt



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

2021 LAKESHORE DRIVE, SUITE 100, NEW ORLEANS, LA 70122 • PHONE: 504-284-4020

April 13, 2015

2015-13027 A

FILED

JUL 23 2015

06HH093049
GENEVA SYLVAS
2304 8TH STREET
SLIDELL LA 70458

Re: Collection of Outstanding Debt in the Amount of \$7,500.00

MALISE PRIETO-CLERK
Deputy *S. Addie Huxley*

Dear GENEVA SYLVAS:

This letter is pursuant to your agreement to voluntarily participate in the State of Louisiana's Hazard Mitigation Grant Program ("HMGP") and to comply with all HMGP and Federal Emergency Management Agency ("FEMA") rules and guidelines, which includes the proper use of Federal grant funds for the mitigation of your home located at 2304 8TH STREET SLIDELL.

You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of \$7,500.00. However, you have continuously disregarded these notices. You have also been given the opportunity to execute a re-payment agreement which would allow you to satisfy your debt within an agreed upon timeframe and at an agreed monthly amount. However, as of this date, you have failed to and/or refused to execute a re-payment agreement.

If payments have been paid pursuant to a payment agreement, then you should immediately contact the Program to verify the amount currently owed to the Program.

Please know that litigation and/or prosecution will be instituted against you for the collection of your unresolved debt.

Sincerely,

La Koshia R. Roberts

La Koshia R. Roberts
Attorney for HMGP

MALISE PRIETO
CLERK OF COURT

2015 JUL 23 P 1:02

ST. TAMMANY PARISH
STATE OF LOUISIANA
FILED FOR RECORD

EXHIBIT

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